

Minutes of the State Board of Health

May 8, 2002

A meeting of the Washington State Board of Health (SBOH) was held at the Department of Health Public Health Laboratory in Shoreline, Washington. The public meeting of the SBOH was called to order at 9:16 am a.m. by Linda Lake, Chair, who addressed the attendees with the following statement:

“This is a public meeting of the SBOH held under provision of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.

Copies of all materials supplied to the Board for today’s meeting have been available since close of business last Friday from the Board’s Olympia office and on the Board’s Web site at www.doh.wa.gov/sboh. They are also available today, along with anything else we have received since, at the table in the back of the room. To conserve public funds, we have only made as many copies as we feel will be needed, so we may run out of some particularly popular items. If you do not find a document you need, please ask Desiree Robinson, or another Board staff person for one.

Our meeting today is open to the public, so please feel free to listen in on informal discussions involving Board members or staff, including any that may occur during breaks or lunch.”

The following Board members were present:

Linda Lake, MBA, Chair
Secretary Mary Selecky
Vickie Ybarra, RN, MPH
Thomas H. Locke, MD, MPH
Ed Gray, MD

Joe Finkbonner, MHA
Margaret Pageler, JD
Carl Osaki, RS, MSPH
Charles Chu, DPM

State Board of Health Staff present:

Don Sloma, Executive Director
Craig McLaughlin, Senior Health Policy Manager
Doreen Garcia, Senior Health Policy Advisor

Desiree Robinson, Executive Assistant
Jennifer Dodd, Assistant to the Board
Marianne Seifert, Health Policy Advisor

Guests and Other Participants:

Dr. Maxine Hayes, Department of Health
Caroline Edmonds, King County Board of Health Chair
Dr. Romesh Gautam, Director of the State Public Health Laboratory
Cathy Carruthers, Department of Health
Dr. Mike Glass, Department of Health Newborn Screening Program
Dr. Ward Hinds, Snohomish County Health District
Dennis Klukin, Yakima Health Department

Dr. Jeff Shouten, Governor's Advisory Committee on AIDS (GACHA)
Dr. Roger Rolls, Washington Perinatal Advisory Committee
Kristen Culleney, MCH/HIV Community Advisory Group
Mary Wallace, Planned Parenthood of Western Washington
Ron Weaver, Health Systems Quality Assurance
Terry Tatko, Western Washington Area Health Education Center (AHEC)
Joyce Beltran, Ingram High School, Project HOPE
Jenny Hernandez, Chief Sealath High School
Hakeem Shakoor, Tacoma-Pierce County Health Department Public Health Educator
Najja Bullock, Lincoln High School student
Maria Benavides, Yakima Valley Farmworker Clinic, Connex
Lisa Campbell-John, Yakima Valley Farmworker Clinic, Connex
Maryanne Guichard, Department of Health Environmental Health and Safety
Peggy Harris, Saving Babies Through Screening (SBTS)
Dorothy Corey, Newborn Screening Advisory Committee
Dr. Ron Scott, University of Washington
Kari Mankus, Cle Elum student
Steven Schuda, Cle Elum citizen
Thelma Simon, mother of former Cle Elum school student
Maria Mason, Cle Elum concerned citizen
James Green, father of Cle Elum school student
Brian Cooke, Cle Elum School teacher
Art Bush, Washington Education Association (WEA)
Dr. Rosalie Miller, Kittitas County Health Department
Mary Perkins, Yakima Valley Farmworker Clinic, Connex
Melissa Johnson, Washington Speech & Hearing Association
Warren King, Seattle Times
Margaret Wilson, Medical Assistance Association, DSHS
John Thompson, University of Washington student
Rachel Hein, March of Dimes
Jack Jourden, Department of Health
Kathy Knowles, Health Information Network
Jill Hanks, Department of Health
Dena Royal, Saving Babies Through Screening (SBTS)
Debra Lochner-Doyle, Department of Health

APPROVAL OF AGENDA

Motion: To approve the May 8, 2002 agenda.

Board member Mary Selecky offered a tour of the State Public Health Laboratory facility after lunch. Board member Carl Osaki mentioned that Tab 10, the update on school indoor air quality, probably would take only 15 minutes. Board member Joe Finkbonner mentioned that the panel on workforce diversity might take more than an hour.

Approved Unanimously

ADOPTION OF MARCH 13, 2002 MEETING MINUTES

Motion: To approve the March 13, 2002 minutes as submitted.

Motion/Second: Finkbonner/Osaki

Approved Unanimously

WELCOME – KING COUNTY BOARD OF HEALTH

King County Board of Health Chair Caroline Edmonds, a member of the Metropolitan King County Council from District 1 and a former state representative, welcomed the Board to her hometown of Shoreline. Ms. Edmonds said she would like to arrange a joint meeting between the King County Board of Health and the SBOH. Chair Lake stated that would be consistent with the Board's desire to meet with local boards of health throughout the state.

DEPARTMENT OF HEALTH UPDATE

Secretary Selecky introduced the Director of the State Public Health Laboratory, Dr. Romesh Gautom, and briefly described the history of the Public Health Lab. Dr. Gautom explained the composition of the lab, which is divided into three sections: 1) Newborn Screening Program, 2) Public Health Microbiology (communicable disease detection), and 3) Environmental Laboratory Section.

Secretary Selecky announced that Maria Gardipee is the new Tribal Liaison for the department. She then described the new statewide effort spearheaded by the department and entitled Public Health and Hospital Preparedness and Response for Bioterrorism. She talked about how multiple entities would be working together as emergency planning partners at the local and state levels to help prevent and intervene in the event of a bioterrorism attack. Board member Dr. Tom Locke said this new effort is extremely important and will help on other fronts such as communicable disease identification and intervention.

SBOH STAFF ANNOUNCEMENTS AND OTHER BOARD BUSINESS

SBOH Executive Director Don Sloma announced that the Governor had approved the State Health Report as submitted by the SBOH and by Ida Zodrow, the Administrator of the Health Care Authority and Chair of the Governor's Subcabinet on Health. He distributed copies of the approval letter. Board members Dr. Locke, Dr. Ed Gray, Chair Lake and Secretary Selecky spoke favorably about their meeting with the Governor to discuss the report. Mr. Sloma briefly described priorities covered in the State Health Report.

Mr. Sloma discussed the memorandum (see Tab 5) that describes the Board's budget and how the Board may approach determining the Board's FY 2003-05 budget submittal. He talked about the Governor's request for state agencies to evaluate their priorities and asked that all Board members review the memo in preparation for a discussion of the budget at the Board's June 12 meeting.

NEWBORN SCREENING ADVISORY COMMITTEE RECOMMENDATIONS

SBOH Senior Policy Analyst Doreen Garcia directed the Board's attention to the materials behind Tab 6 and introduced Dr. Locke and State Health Officer Maxine Hayes, who co-chaired the Newborn Screening Advisory Committee (NSAC). Dr. Locke and Dr. Hayes presented an overview of Washington's newborn screening program, the charge that the Board gave to the NSAC, and the advisory committee's recommendations to the Board. (See Power point presentation and materials behind Tab 6.)

SBOH has the statutory authority to determine the disorders for which all newborns must be screened. The list of mandatory disorders for newborn screening identified in Chapter 246-650 WAC has not been updated since 1991. The State of Washington now screens newborns for the fewest number of disorders compared to all other states. Dr. Hayes stated that in her opinion screenings should be consistent nationwide. The completion of the human genome project and the availability of new technologies make it possible to screen newborns for additional diseases, even if no intervention exists. Given the capability to screen for many different disorders, SBOH appointed a broad-based advisory committee to develop criteria to evaluate disorders for mandatory screening and to recommend additional screenings that the Board should mandate. The NSAC did not address related privacy concerns, which will be addressed by the Genetics Task Force. The NSAC included scientists, public and private agencies organizations, health plans, parents, and health care providers. Dr. Locke and Dr. Hayes acknowledged several of the NSAC members in attendance.

The NSAC developed criteria to evaluate additional disorders for screenings: (1) prevention potential and medical rationale; (2) treatment available; (3) public health rationale (4) available technology; and (5) cost-benefit/cost-effectiveness. Each disorder the NSAC considered had to meet all the criteria. The criteria are meant to be used now and in the future to evaluate additional disorders for mandatory screening. The evaluation should occur on a regular basis—at least every two years because technology is changing so fast. Dr. Hayes and Dr. Locke acknowledged the importance of using cost-effectiveness/cost-benefit analyses to evaluate new disorders and asked the DOH economist, Cathy Carruthers, to help explain how she applied cost-effectiveness/cost-benefit analysis to evaluate disorders. The disorder galactosemia was used as the example. The cost effectiveness/cost-benefit analysis considered the necessary follow-up and intervention once a disorder is identified, as well as the benefits accrued over the child's lifetime. Based on the criteria, the NSAC recommends six additional disorders for mandatory screening. Dr. Locke stated that the NSAC had to deal with many complex issues and agreed on the six additional disorders for screening only after extensive discussion and deliberation.

Dr. Locke presented information about the new technology, tandem mass spectrometry (MS/MS) that has the capability to detect three of the recommended disorders, as well as many other disorders not recommended because they do not meet the criteria. MS/MS can screen for 30 or more disorders. One blood spot can be used to screen for the recommended disorders as well as others that MS/MS can identify. Other states have used MS/MS to improve their ability to screen for disorders, but this is also controversial for those states because many of the detected disorders have no treatment. Dr. Locke reviewed policy options for MS/MS use and stated that the NSAC was unable to reach consensus. The majority of NSAC members favored the option that specifies certain types of disorders that MS/MS can detect.

Dr. Locke and Dr. Hayes briefly discussed the NSAC's recommendation to screen newborns for hearing loss. They explained that some other states do mandate hearing screening of newborns, however Washington does not. Currently, DOH is working with hospitals to standardize hearing screening. A voluntary pilot is underway at hospitals in Washington.

Dr. Locke presented a draft timeline for the Board to consider changes to the newborn screening WAC. The timeline reflects the Governor's 2003-05 budget development process and the time frame of the upcoming legislative session.. The time frame would also allow the Board to consider the findings of the Genetics Task Force as it continues to evaluate changes to Newborn Screening

rules. Dr. Locke described the timing of the rule review process as a good example of “evidence based decision-making meeting the real world.”

Dr. Gray asked for a prevalence estimate of the six disorders. Dr. Hayes asked Dr. Mike Glass, DOH Director of the Newborn Screening Program, to answer Dr. Gray’s question. Dr. Glass stated that the most prevalent disorder is hearing loss, with a rate of 240 kids a year in Washington. The rate of the other disorders is a total of 10 kids a year – all six disorders would total 250 kids a year. Dr. Gray referred to the “Comparison of Values for Screening Programs” handout (see Tab 6) and asked about the cost of the program—is it \$26 million a year and the benefits are recognized over the children’s lifetime? Ms. Carruthers said the data on the handout is for 10 years, the cost depends on which combination is used, and that benefits are over a lifetime, but are accrued. Dr. Gray stated that it is important to include opponents at the table to include their perspectives. He stated that the problem is that benefits may not attribute to the people who pay costs. Dr. Hayes responded that this is true of all prevention programs because the benefits are “community benefits.” Dr. Hayes handed out an April 4, 2002 *New England Journal of Medicine* article. Mr. Osaki asked Dr. Hayes and Dr. Locke to tell him about other concerns that people may have that the Board should know about now. Dr. Hayes responded that the Board is more likely to hear from those who think the Board is not going fast enough rather than those who want the Board to slow down. Dr. Hayes stated that in this information age we are always behind technology. She also said that people would want to talk about their concerns about privacy.

The Board discussed the likelihood that the Legislature would be concerned about the cost of technology and how additional screenings would be paid for. Board member Vickie Ybarra asked who would bear costs for hearing loss screening. Dr. Hayes said that the costs would primarily be borne by insurance reimbursement, hospital funds, and state funds for indigent patients. The initial costs would be to obtain the technology and train staff, followed by costs for follow-up and intervention. Chair Lake added that the Governor had asked how we know prevention works. Dr. Hayes said that sometimes we pay more when prevention works and Chair Lake agreed. Chair Lake asked what options would be available if newborn screening tests are not mandatory. Dr. Hayes stated that patients are permitted to opt out of mandated testing. She explained that primary care providers have access to testing. Patients can also chose to pay for tests themselves if the tests are not mandatory, which would create a cost barrier. She explained that family history has become one of our most important tools to use to consider specific testing.

Chair Lake called for the motion.

Recommended Board Motion Carried by the NSAC:

(1) Accept the Newborn Screening Advisory Committee recommendations as part of the Board’s consideration of amendments to Chapter 246-650 WAC.

(2) Adopt the Newborn Screening Advisory Committee’s recommended timeline to complete the rule revisions by spring 2003.

(3) Request that the State Department of Health incorporate the Newborn Screening Advisory Committee’s recommendations for the six additional disorders into its FY 2003-05 budget development process.

Approved unanimously

**PUBLIC HEARING ON PROPOSED CHANGES FOR WAC 246-100-206, 207 & 208
AIDS/PREGNANT WOMEN**

Dr. Locke reviewed the intent of the rule change: bringing Washington codes in line with national standards of care and recommendations. According to WAC 246-100-206, 207 and 208, elaborate counseling must accompany HIV testing, but this level of counseling is not always feasible. Dr. Locke stated that this is something we can do something about, and that there are very compelling scientific arguments for these changes. Input from different agencies has been incorporated.

Public Testimony for Adoption of Draft Rules

Dr. Ward Hinds, Health Officer, Snohomish County Health District, stated that he was on the Board when the original WAC was passed. He stated that he is in favor of the proposed amendments to WAC 246-100 that will change the standards for AIDS counseling regarding testing and the option to refuse testing.

Dennis Klukin, Administrator of Yakima Health Department, stated that he represents the AIDSNET Council, that screening is primary function of public health and a cost-effective measure to prevent HIV transmission, and that he supports the motion.

Dr. Jeff Shouten, member of the Governor's Advisory Committee on AIDS (GACHA), stated that there is very little transmission of prenatal HIV. He stated that GACHA is fully supportive of efforts to eliminate vertical transmission of HIV. GACHA was very concerned with the original draft from last summer and had written a letter to John Peppert, DOH staff, stating that opinion. Given the changes to the proposal since then, GACHA is supportive as long as a woman must give consent.

Dr. Roger Rolls, practicing obstetrician in Yakima and Chairman of the Washington Perinatal Advisory Committee, stated that he submitted a letter of support, and that he was here to announce support from the Perinatal Advisory Committee.

Kristen Cullen, Member of the MCH/HIV Community Advisory Group, stated that the MCH/HIV Advisory Committee wants to be sure that women who don't recognize their own risk are still offered the HIV test. She supports the measure and added that women must be clearly informed of the opportunity to refuse the test and need to have the opportunity to make that choice.

Mary Wallace, representative of Planned Parenthood of Western Washington and co-director of HIV Counseling Division asked at what point does the test apply to pregnant women—what about women who are terminating their pregnancy? Dr. Locke stated that the test applies throughout a pregnancy, and that the intent of this rule is to reduce vertical transmission for women choosing to go to full-term pregnancy. The goal is to streamline counseling because you only counsel if you identify women at high risk. Ms. Wallace stated that Planned Parenthood is in support.

Dr. Hayes stated that the purpose of this WAC change is to incorporate clear informed consent of HIV testing that is the standard of practice into the WAC. Ms. Pageler stated that she believes this should be the standard of practice but the Board should permit and protect a woman's right to opt out.

Recommended Board Motion:

The Board adopt the proposed changes to WAC 246-100-206, 207 & 208 as proposed in the CR-102, except that section 208 (1)(c) be amended as follows (proposed new language is underlined):

(c) Obtaining the informed consent of pregnant women, separately or as part of the consent for a battery of other routine tests provided that the woman is specifically informed in writing or verbally that a test for HIV is included.

Motion/Second: Locke/Pageler

Approved Unanimously

Break for lunch and a tour of the DOH Public Health Laboratory.

Reconvened at 2:07 pm

CHILDREN'S HEALTH & WELL-BEING WORKPLAN

Ms. Garcia introduced Ms. Ybarra and said Ms. Ybarra would be addressing the Board in her capacity as chair of the Committee on Children's Health and Well-Being. Ms. Ybarra directed the Board to the materials behind Tab 8, including a memo and the Draft Revised Work Plan for Children's Health and Well-Being committee. She noted that the Board approved the work plan in October with the recognition that there was some uncompleted work, particularly around obesity and children. Ms. Ybarra stated that her report and update reflect the results of an assessment of opportunities for the Board to contribute to work preventing obesity in children. She then reviewed her memo to the Board and the Children's Health and Well-Being Revised Work Plan. Ms. Ybarra discussed the proposed work for preventing child overweight and obesity, changed rule development schedules, and continued monitoring of well-child screening. Mr. Osaki noted the connections between work in the Environmental Health Work Plan and the Children's Health and Well-Being Work Plan and he encouraged the two committees to work closely to make sure their efforts are coordinated. Ms. Ybarra agreed and said most of the coordination happens at the staff level.

Recommended Board Motion:

The Washington State Board of Health approves and adopts the Revised Summary of Planned Work, Children's Health and Well Being, Phase II (2001-03) as submitted May 8, 2002.

Motion from committee

Approved unanimously

FOLLOW-UP ON EFFORTS TO IMPROVE HEALTH WORKFORCE DIVERSITY

Mr. Finkbonner, Health Disparities Committee Chair, directed the Board to the materials behind Tab 9 and introduced Ron Weaver, DOH Assistant Secretary for Health Systems Quality Assurance. Mr. Weaver introduced Terry Tatko, project manager from the Western Washington Area Health Education Center (AHEC). He said the Board's presentation in May 9, 2001, and the 2001 Final Report on Health Disparities adopted at that meeting, inspired DOH to do more work on increasing workforce diversity. (Please see Mr. Weaver's PowerPoint presentation and Health Professions Quality Assurance handout on alternative entries to licensure behind Tab 9.)

Ms. Tatko introduced Project HOPE intern Joyce Beltran, from Ingram High School, and school counselor Jenny Hernandez, from Chief Sealth High School. Joyce Beltran said she was initially interested in pharmacy, so was placed in a pharmacy, which was a good experience. She said she

was then placed in a radiology department, which was not as welcoming, placed in a respiratory care department, and also rode with Medic 7. She learned a lot about diabetes, which her mom has, now knows what her dad does as a lab-tech, and now has more determination to work to get where she wants to be. Ms. Tatko said she was very inspired by the student journals. Jenny Hernandez added that the program gave students a vision to go into the careers they desired, and that it helped one student want to become pediatrician. Mr. Weaver mentioned again that students who shared their experiences at the May 2001 Board meeting inspired him to pull Project HOPE together, and thanked the Board and Secretary Selecky for their leadership. He added that the challenge with programs like Project HOPE is funding and finding sites for practicums. Mr. Weaver asked to report back to the Board in the future about additional discussions within DOH. Dr. Locke asked if a hospital or other facility wanted to be a site whom would they contact? Ms. Tatko referred him to the Western and Eastern Washington AHECs, and acknowledged the Washington Health Foundation's support. Dr. Locke mentioned that if students are with a program such as Project HOPE, patients and sites are more open to students. Ms. Tatko mentioned that AHECs have liability insurance and do site-student orientations, which parents and school advisors are invited to as well.

Hakeem Shakoor, Tacoma-Pierce County Health Department Public Health Educator, and Najja Bullock, Lincoln High School student, discussed the Health Occupations Promotion Program (HOPP), which is a partnership between Lincoln High School and Tacoma-Pierce County Health Department. Mr. Shakoor referred to the HOPP handout behind Tab 9, and talked about including alternative schools in the program, working with community based organizations, and the difficulties in scheduling students. Mr. Bullock said the program helped focus him on health careers and he wants to go into biomedical engineering. He added that he had toured the DOH Public Health Lab and this contributed to his decision. Mr. Osaki asked if the students kept journals, and Mr. Shakoor replied that they didn't, but that that was a good idea.

Ms. Ybarra said that about two years ago the Yakima Valley Farm Workers Clinic began discussing resources it could put into increasing the diversity of the health professions workforce. This discussion resulted in the first-year implementation of ConneX. She introduced ConneX staff Maria Benavides and Lisa Campbell-John, who discussed the ConneX program (please see the ConneX PowerPoint presentation behind Tab 9). Ms. Pageler asks about the program's costs. Ms. Campbell-John said the students are paid a stipend to attend. Ms. Ybarra said grants total \$1.2 million for five years, one of which was from the Washington Health Foundation. SBOH Health Policy Advisor Marianne Seifert acknowledged that the Washington Health Foundation's priorities seemed to often overlap the Board's, and thanked them for their support of these common priorities.

SCHOOL INDOOR AIR QUALITY FOLLOW-UP

Mr. Osaki introduced a discussion of indoor air quality in schools, adding that today's discussion is a follow-up on the discussion at the May 8, 2002 Board meeting. He then introduced Maryanne Guichard, Department of Health Environmental Health and Safety Program Manager, and Ms. Seifert. Ms. Seifert referred the Board members to Carl Osaki's memo and the Healthy Schools Task Force membership roster behind Tab 10. She noted the overlap between the Board's recent efforts to bring agency and organization representatives together to address indoor air quality issues and the work of the Healthy Schools Task Force. She said that she and Mr. Osaki are working to include additional stakeholders that are not represented on the task force. Ms. Guichard provided an update on DOH activities, including participation in the Healthy Schools Task Force and ongoing work addressing indoor air quality issues. She said the Environmental Protection Agency (EPA) has also convened a group working on indoor air quality issues. She added that DOH is working to be in

a preventive mode rather than a reactionary mode, and that DOH is working to train local health department staff to build local capacity to handle indoor air quality issues.

Ms. Guichard described the DOH health assessment of Cle Elum High School students. She added that DOH staffs are working with Nancy Goodloe, Kittitas County Health Department Administrator. Mr. Osaki asked the Board to look at the four policy areas discussed in the Environmental Law Institute *Healthier Schools* report listed in his memo before the Board acts later this year (see Carl Osaki memo in Tab 10). Chair Lake asked if there is a strong commitment to do something about school indoor air quality given the many different groups are involved on this issue. Ms. Guichard stated that the more people involved the more consensus is built. Mr. Osaki stated that while that is true, there is a lot of overlap among the groups.

PUBLIC TESTIMONY

Newborn Screening:

Peggy Harris, member of Save Babies Thru Screening. She is the grandmother of a 4-year-old boy with isovaleric acidemia. Ms. Harris stated that isovaleric acidemia is a very treatable disorder if it can be diagnosed early, and that with a lifelong diet, a formula, and lots of care her grandson could live a somewhat normal life. Dr. Scott saved his life. Screening saves children's lives because then children can get treatment. (See written testimony received by SBOH.)

Dorothy Corey, member of the Newborn Screening Advisory Committee. Ms. Corey stated that her daughter Beth has PKU. PKU is a success story for mandatory newborn screening: without screening her daughter would not be here.

Ron Scott, MD, physician at UW and Children's Hospital. Dr. Scott thanked the Board for the vote of confidence to expand the newborn screening requirements, and stated that one in 200,000 children will have a metabolic disease. Newborn screening is more cost-effective compared to mammography, pap smears, and prostate cancer screening combined. He added that of course prevention works—we drink fresh water, safe food, and get immunizations.

Indoor Air Quality in Schools

Kari Mankus, Cle Elum student and sophomore representative in the coalition formed by Nancy Goodloe. Ms. Mankus described a list of health symptoms students she knows have, such as girls having their periods twice a month, headaches, cysts, and other problems. She stated that kids are getting sick in schools due to indoor air, that she knows many sick kids, and she goes to many meetings to try to help students in the school.

Steven Schuda, Cle Elum student. Mr. Schuda listed many symptoms that he was aware of kids having, such as rashes, fatigue, and nosebleeds. He stated that he had trouble focusing while in school and his grades were dropping. He left the school, was home-schooled, and now has great grades again. He wants the problem fixed.

Thelma Simon, member of the coalition in Cle Elum. Ms. Simon has concerns about the health survey being put together before everyone could see it. She talked about poor school construction. She wants schools to be built appropriately. She believes that home hospital should be used for the

indoor air problem, but said the Office of the Superintendent of Public Instruction (OSPI) told her that home-hospital couldn't be used for environmental health issues.

Maria Mason. Ms. Mason stated that kids at the Cle Elum school had a "walk out" to protest the indoor air problems, but were punished for it. She stated that there is a lack of coordination between DOH, OSPI, schools, and local health jurisdictions. She believes a survey is needed. Ms. Mason stated that in 1996 she notified DOH of a group of symptoms, and these symptoms persist today. She mentioned the Attorney General's report and asked why things weren't fixed then. Ms. Mason stated that the whole situation is appalling. She stated that she does not understand why it has taken 10 years to get any action. She appreciates all the efforts that are underway and that she is included in. These are long-term processes, however, while an immediate response is needed. She is very upset that teachers are in an environment that is making them sick. She thinks this is an urgent problem and not just a community problem—she thinks it is a statewide issue.

James Green. Mr. Green stated that he thinks the situation is an injustice. He is very upset and concerned that while all the policy work is a good response for the long-term, this is an urgent problem. Someone in a leadership role needs to take hold of the emergency situation. The testing needs to go forward now, and then the coalition can take its time.

Brian Cooke, a teacher at Cle Elum since 1990 and member of the Cle Elum coalition. Mr. Cooke stated that he has been affected by indoor air problems since the school was remodeled in 1994. He has physical and neurological problems due to toxic mold. He thinks it is shocking that the state has let this happen. The local government cannot handle this because it does not have the resources. Twenty out of 24 teachers are now sick. Second-generation teachers are getting the same health problems as the previous teachers did. He referred to the NIOSH remediation recommendations. Mr. Cooke stated that public teachers need a single agency that can oversee school construction and reconstruction to make sure the schools are built safely. Mr. Cooke wants to know about what will happen to the kids if they cannot finish the remainder of the school year. He wants SBOH to be concerned about the teachers at the school and then to deal with the bigger problem.

Steve Shuda. Mr. Shuda has a brother who was made sick by indoor air, and this jeopardized his brother's school performance. He wants to know why kids being forced to attend a school that is dangerous to them.

Chair Lake asked if the task force could attend the June board meeting? Does the Board have any authority to help? Mr. Osaki suggested that while SBOH does not have any direct authority, it could provide some impetus to shape policy that could help solve the problem. He explained that L&I, OSPI, the Board of Education are involved in school environmental health and safety. Ms. Ybarra asked if any of those state entities have the authority to shut down a sick building? Mr. Osaki stated that L&I has responsibility for schoolteachers.

Art Bush, Washington Education Association (WEA). Mr. Bush stated that WEA has researched the question raised by Ms. Ybarra. The school board has pointed its finger back at the local health board and at DOH. The Kittitas County Board of Health has the authority to do something about the school's problem. The School Board asked for evidence before it would let the Kittitas Health Board close down the school. Mr. Bush stated that L&I has a financial stake in not dealing with this

problem. This is a very emotional issue, he said. Teachers are suffering and trying to hold on until the end of the school year. Kids are getting sick.

Dr. Locke acknowledged that SBOH is being asked for an emergency response and is not an emergency response agency. He stated that SBOH is a deliberative body that only meets seven times a year and does not have specific authority in this area, while the authority of a local boards of health is a very broad area, but may be subject to liability if they act without clear scientific evidence. Mr. Sloma stated that SBOH may have some authority but he would need to consult with the Assistant Attorney General. It is possible that there is some action that could be taken regarding the authority of the local health jurisdiction, and that the SBOH can create some sense of urgency. Ms. Pageler suggested we get a report back from the task force in June, and over the summer look at clarifying authority, identifying a pool of funds, putting caps on public sector responsibility, and then make legislative and budgetary recommendations. She suggested that the Board ask L&I and other agencies for budgetary recommendations, and work on cross-department legislation. Mr. Osaki stated that there are two levels to this: managing schools that are having problems now and taking a preventive approach with schools that are OK now. Dr. Rosalee Miller, family physician and part-time health officer for Kittitas County Health Department, stated that Kittitas County Health Department considered closing the school but could not justify it because of the lack of hard evidence. Chair Lake requested clarification of SBOH's role and responsibility and asked staff to report back to the Board at its June Board meeting.

The meeting was adjourned at 4:45 p.m.

WASHINGTON STATE BOARD OF HEALTH

Linda Lake, Chair